

COMHELTACWINGPAC
HH-1N PR MAINTENANCE TECHNICIAN
OJT SYLLABUS

Name: _____ **Rate:** _____

1. Prerequisite to final certification is supervisor confidence gained through satisfactory task performance. Satisfactory task performance shall be monitored and documented on the individual's OJT syllabus.
2. Qualification entries will be made when an individual is considered fully qualified to perform tasks without supervision. Work center supervisors have qualification certification authority.
3. Qualification, once achieved, is considered current until:
 - a. qualification is removed for cause by command
 - b. individual transfers to another unit.
4. Entries shall have the qualifier's initials and dates; at no time will vertical lines be used between initials and dates. The work center supervisor's initials and dates are mandatory.
5. This syllabus is used to document OJT leading to job task qualification by the work center supervisor. OJT events shall be documented for all related tasks until the trainee is qualified. The work center supervisor may sign off qualification when satisfied the trainee is fully qualified to perform tasks without supervision. This may be accomplished after only one OJT event or it may require many; the decision rests with the work center supervisor. This OJT syllabus is to be maintained in a centralized location accessible to the trainee at all times. Once completed, this form will be filed on the Right Side, Section 3, of the Qualification/Certification Record. When designated as a CDI, CDQAR, or QAR, this form will be filed in the Certification/Designation section of the Qualification/Certification Record (Left Side) behind the Designation form.
6. The work center supervisor is responsible and accountable for reviewing any member's previous OJT. The work center LPO may conduct a proficiency review with the member. Signature of work center LPO below states that all previous OJT Skill Certifications were reviewed.

Legible Signature of Work Center LPO: _____
Date: _____

OJT/Instructor/Supervisor Sign off Key (print name then sign your initials):

Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____
Name: _____	Initials: ____	Name: _____	Initials: ____

OJT TASK:	QUALIFIER	DATE	SUPERVISOR	DATE
Perform the following tasks:				
Perform 28 Day Inspection				
Perform 112 Day Inspection				
Perform 182 Day Inspection				
Perform 364 Day Inspection				
Perform Phase A Inspection				
Perform Phase B Inspection				
Perform Acceptance Inspection				
Perform Transfer Inspection				
Perform Conditional Inspection				
Preservation				
Depreservation				
Perform PRC-90, 90 Day Inspection				
Perform CMU-24/P, 90 Day Inspection				
Perform CMU-24/P, 180 Day Inspection				
Perform CMU-24/P, 360 Day Inspection				
Perform LPU-28/P, 90 Day Inspection				
Perform Personal Flight Equipment 90 Day Inspection				
Perform Personal Flight Equipment 180 Day Inspection				
Perform Personal Flight Equipment 360 Day Inspection				
Perform HBU-11/P, 90 Day Inspection				
Perform Sierra Kit, 7 Day Inspection				
Perform Sierra Kit 180 Day Inspection				
Perform SAR Equipment 90 Day Inspection				
Perform SAR Equipment 180 Day Inspection				
Perform Float Litter 210 Day Inspection				
Demonstrate proficiency on the following:				
NAMDRP Reports Submission				
NAMDRP Reports Tracking				
Maintenance Data Systems				
ALSS Technical Directive Compliance/Documentation				